

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **101619183**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4				1		
5				1		
6				1		
7				1		
8				1		
9			1			
10			1			
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12			1			
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50						
TOTAL IND.			6			
TOTAL DEP.				14		
TOTAL CLAIMS				20		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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